CONTENTS

OHIO ASTHMA COALITION NEWS
- Coalition Meeting Friday, March 11
- Archived Webinar “Incorporation of Asthma Action Plans into Clinical Practice”

OHIO DEPARTMENT OF HEALTH ASTHMA PROGRAM NEWS
- Application for funding for next year
- Possible cut in funding due to president’s budget
- Update on Initiatives
- Pending publication of Ohio Statewide Asthma Plan (OSAP) and Strategic Evaluation Plan (SEP)
- Coming Soon: hospitalization data
- Data Questionnaire activities

ANYTHING ASTHMA:
- Time is running out, submit your asthma programs
- Work-Related Asthma in Washington State
- Researchers find a link between celiac disease and asthma
- U.S. saw sharp rise in whooping cough cases in 2010
- Previous Vitamin D and asthma studies
- Study: Higher vitamin D intake is needed to ward off diseases

DISPARITIES:
- Many Americans Have Poor Health Literacy *(Excellent Article)*
- Blacks Readmitted to Hospital More Than Whites: Study
- Health care disparities are linked to access, study says

INFLUENZA AND VACCINES:
- CDC: Flu is hitting the U.S.
- HHS announces a 10-year plan for immunization
- Federal vaccine plan highlights expanding HIT role

TOBACCO ISSUES
- No Room at the Inn for Smokers?: More Hotels Go Smoke-Free By Choice or by Law

MEDICATIONS:
- FDA approves Forest’s Daliresp for bronchitis-related COPD
- Forgetfulness, poor labeling, high copays contribute to nonadherence
- Experts Seek to Simplify Medication Labels That Often Confuse Patients
- Health literacy affects compliance with drug regimens
- Study: Fear of side effects leads to nonadherence in older patients
- Medicaid patients like mobile reminders to take their meds
PRACTICE ISSUES:
- Future of telehealth depends on collecting more research
- ED, primary care doctors need better teamwork, study finds
- Better health is all in the game, experts say
- Pneumonia rates in children have not improved, researchers say
- Hospitals improve discharge plans to lower readmissions
- Michigan hospitals reduce VAP cases using checklist
- Study: COPD patients have a higher risk of shingles

CONFERENCES:
- Comparative Effectiveness Research: Methodology, Translation and Policy
- Webinar: Racial Inequality - A Risk Factor for Health Disparities in Black Communities

OHIO ASTHMA COALITION NEWS

Coalition Meeting: The Ohio Asthma Coalition will meet Friday, March 11 at the headquarters of the American Lung Association® of Midland States (Ohio) in Columbus. The meeting will feature an election of officers, a business meeting in the afternoon. From 10AM to 12 Noon Barbara Hickcox will present a program on Work Related Asthma. Further information is on the coalition’s Website at www.ohioasthmacoalition.org and registration is hosted on the American Lung Association®’s Website at: http://www.mrsnv.com/evt/home.jsp?id=2990.

Webinar: “Incorporation of Asthma Action Plans into Clinical Practice”
On February 25, the Ohio Asthma Coalition sponsored an asthma action planning Webinar featuring Dr. Shalini Forbis, Assistant Professor Wright State University Boonshoft School of Medicine and Dayton Children’s Hospital. The Webinar will be archived for the next year and CME credit will be available during that time.

The Webinar will be archived on the Ohio Train Website for future viewing during the week of March 7. To register and view the Webinar, you will go to https://oh.train.org, register or sign in and search on course number 1025764. Click on the course and click the register tab. Once you have registered, you can download the video clip with audio to view the course. After you have watched the course you will click the completed button and complete the evaluation and post test. And then the CME certificate will be available to you.

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Wright State University (WSU) and Ohio Asthma Coalition. WSU designated this Enduring Material for a maximum of 1 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

OHIO DEPARTMENT OF HEALTH ASTHMA PROGRAM NEWS

Application for funding for next year
The ODH Asthma Program is in the process of reporting on the activities of this past 6 months of grant activity to the Centers for Disease Control and Prevention (CDC) Asthma Program and concurrently
applying for the third year of funding in its current 5 year budget cycle. Many people inside and outside the Ohio Asthma Coalition and its partnership have assisted in planning complex interventions for clinical, school and home settings to improve asthma outcomes. Now that the planning is winding up it is hoped the next years funding will support limited to full-scale implementation of these plans through support of staff members and coordination of efforts.

Possible cut in funding due to president’s budget
The budget proposed by the president for the 2011-12 budget year includes significant cuts to CDC asthma funding. Under the proposal published by CDC’s National Center for Environmental Health (NCEH) three programs would be merged: asthma, healthy homes and lead prevention. The combined funding for these 3 programs would be cut more than 50 percent. In addition, comprehensive asthma programs at state health departments, like the current ODH Asthma Program, would be cut nationally from 39 to 15. Total funding for those states would also be decreased. In all, funding for the CDC is projected to be cut 30 percent.

Update on Initiatives
A flurry of work is proceeding on three initiatives of the Ohio Asthma Coalition and the ODH Asthma Program. The ODH asthma staff is providing support to these initiatives and is in the process of finalizing proposals for each of the initiatives: Clinical, Schools and Homes.

- **Clinical Initiative:** This initiative committee is a group of healthcare providers in all the professions interacting with asthma patients plus a representative of a pharmaceutical company and a health plan medical director. The committee has determined that a patient centered medical home model approach, similar to both the American Academy of Family Practice’s Patient Centered Medical Home project and the American Academy of Pediatrics’ Chapter Quality Improvement model for an asthma medical home provide major examples to change clinical practice models for asthma patients. This initiative is working to produce a comprehensive framework for a replicable asthma medical home model to introduce into practices that are already practicing the chronic care model and have implemented electronic medical records. It is hoped that limited implementation will begin in the fall.

- **School Initiative:** This initiative has drawn together a large group of school stakeholders from school related organizations, local and state public health and nonprofit organizations. Together they have examined studies and models of school interventions and have selected a large number of items to draw together into a comprehensive school asthma program. Some of the issues they will address will be physical education and training of coaches to deal with asthma on the field or court; asthma education through use of evidence based child education programs that promote asthma self management in the school setting; healthy school environments through promotion of Tools for Schools, a comprehensive school indoor environments module that has been shown to reduce child and teacher absenteeism; family, school and community, with teaching of families through several modalities, and management of support functions. It is hoped this will be implemented in the fall.

- **Home Visit Initiative:** This initiative committee has examined many different evidence-based studies to determine effective community asthma strategies. They have representatives from a number of home-care groups as well as health care groups and public health. The current plan is for Community Health Workers, who have been shown to be effective in promoting self management behavior for people with asthma, to be trained on asthma care as lay workers to promote best asthma self care. ODH currently works with other agencies to support the work of
Pending publication of OSWAP and SEP
Look for two new publications on the OAC and ODH Asthma Program Websites by the end of March. The Ohio Statewide Asthma Plan (OSWAP) and the Ohio Asthma Strategic Evaluation Plan (SEP) are in final stages of preparation for publication. These documents represent collaborative work of the Ohio Asthma Coalition and the ODH Asthma Program to plan and evaluate asthma activities through 2014.

Coming soon: asthma hospitalization data
The ODH Asthma Program has recently received asthma hospitalization and emergency department data from the Ohio Hospital Association. This includes data for 2004-2009. Cynthia Weiss, Asthma Epidemiologist, is busily working to analyze the data so that an in depth report can be published in the next few months.

Ohio Asthma Data Use Questionnaire is actively distributed.
One of the goals of the Ohio Statewide Asthma Plan is to evaluate the Ohio Surveillance System for Asthma. An early activity of this evaluation is collect information about the use of Ohio Asthma data. A questionnaire has been prepared to do just that and was first distributed at the October conference of the OAC. A more refined version of the questionnaire is now available and will be distributed at stakeholder conferences throughout the state. Results from this questionnaire will guide the development and distribution of data publications for different types of uses throughout the state. These publications may vary from general fact sheets for the public to specialized, in depth reports. Some may be regional and others state wide.

ANYTHING ASTHMA:

Work-Related Asthma in Washington State
Asthma is a serious, common, and costly lung disease. Workplace exposures likely cause a large proportion of new onset asthma cases in adults. Over 350 workplace substances are known sensitizers for occupational asthma. Occupational asthma is more severe than non-occupational asthma leading to higher health care utilization and poorer asthma control.

The Washington State Department of Labor and Industries Safety and Health Assessment and Research for Prevention (SHARP) program, conducts work-related asthma surveillance for Washington State. From October 2001 through December 2008, there were a total of 1,343 work-related asthma claims captured by the surveillance system (which includes both workers’ compensation claims and physician reporting). SHARP conducted follow-up telephone interviews for 604 of these 1,343 cases. The total cost of the 1,285 workers’ compensation claims captured by the surveillance system was approximately $11 million dollars. Please click here to view the full report Work-Related Asthma in Washington State

Researchers find a link between celiac disease and asthma
Swedish patients with celiac disease had a 60% increased risk of developing asthma compared with those without the condition, while those who had asthma also had an increased risk of developing celiac disease, according to a study in the Journal of Allergy and Clinical Immunology. Dr. Jonas Ludvigsson, the lead researcher, said vitamin D deficiency and immunological factors might play a role. Reuters (2/24)
U.S. saw sharp rise in whooping cough cases in 2010

The CDC reported Wednesday that whooping cough hit more than 21,000 people, many of whom are children and teens, in 2010 -- a record high since 2005 and one of the worst years in more than five decades. CDC officials said California appeared to be the most affected state, with more than 8,300 whooping cough cases, including the deaths of 10 babies. Yahoo!/The Associated Press (2/23)

Vitamin D good for asthma patients

A new study published in the Nov 2010 issue of The Journal of Allergy and Clinical Immunology suggests that taking vitamin D supplements may help reduce risk of asthma exacerbation in asthmatic people. Click Here for the news article. Previous articles on Vitamin D and asthma include:

- Is vitamin D deficiency to blame for the asthma epidemic?
- Decreased serum vitamin D levels in children with asthma are associated with increased corticosteroid use.
- Serum vitamin D levels and severe asthma exacerbations in the Childhood Asthma Management Program study

Study: Higher vitamin D intake is needed to ward off diseases

Adults need 4,000 to 8,000 IU of vitamin D daily to maintain vitamin metabolites in the blood at levels that can lower their risk of diseases such as breast cancer, multiple sclerosis and Type 1 diabetes by almost 50%, a study in Anticancer Research found. The researchers said a safe level of vitamin D intake would be 4,000 IU daily, much higher than the 600 IU daily recommended by the Institute of Medicine. U.S. News & World Report/HealthDay News (2/27)

DISPARITIES:

Many Americans Have Poor Health Literacy (Excellent Article)
Kaiser Health News, Sandra G. Boodman, 03/01/2011
An elderly woman sent home from the hospital develops a life-threatening infection because she doesn't understand the warning signs listed in the discharge instructions.

Blacks Readmitted to Hospital More Than Whites: Study
HealthDay, Serena Gordon, 02/15/2011
After leaving the hospital for treatment of three common conditions, older black people are more likely to be readmitted within 30 days than older white people, a new study finds.

Health care disparities are linked to access, study says
Kaiser Permanente researchers said access to medical services may explain racial and economic disparities in U.S. health care. The study in the Archives of Surgery focused on appendicitis and found that when black, white and Hispanic patients had the same access to care in the managed care system, they had similar appendix rupture rates. Reuters (2/23)
CDC: Flu is hitting the U.S.
The CDC reported flu viruses, especially the H3N2 strain, are circulating in 50 states, 37 of which have been broadly affected. The report found the flu contributed to 8% of adult deaths in 122 cities -- which indicates an epidemic level -- while flu-related deaths tripled among children from early January to Feb. 5. Experts said this is "a very typical flu season" and vaccination is highly recommended. U.S. News & World Report/HealthDay News (2/17)

HHS announces a 10-year plan for immunization
The HHS's updated National Vaccine Plan includes strategies for research and development, safety and informed decision-making among providers and consumers. "This plan is a 10-year vision for the nation to more effectively prevent infectious diseases and reduce adverse reactions to vaccines," said Dr. Bruce Gellin, head of the HHS National Vaccine Program Office. HealthLeaders Media (2/17)

Federal vaccine plan highlights expanding HIT role
The National Vaccine Plan, which was unveiled this month, maps federal objectives and strategies to allow for safe and easy access to a steady supply of vaccines during the next decade. To that end, electronic health records and other HIT systems "may become increasingly important components of immunization programs," the vaccine proposal said. Government Health IT (2/24)

TOBACCO ISSUES

No Room at the Inn for Smokers?: More Hotels Go Smoke-Free By Choice or by Law
USA Today, Gary Stoller, 02/17/2011
Hotels, motels and other lodgings are following the trend of airlines and passenger-train operators by banning smoking throughout their premises. Some are doing it voluntarily, as public awareness about the health dangers of secondhand smoke grows. Others are being forced by a growing number of state and local laws.

MEDICATIONS:

FDA approves Forest's Daliresp for bronchitis-related COPD
Forest Laboratories secured FDA marketing approval for Daliresp to treat severe chronic obstructive pulmonary disease associated with bronchitis. The once-daily pill comes with a medication guide that explains a potential risk of mental health problems as well as unexplained weight loss. The Wall Street Journal/Dow Jones Newswires (3/1)

Forgetfulness, poor labeling, high copays contribute to nonadherence
About half of patients surveyed skip doses, take the wrong number of pills, take medicines at the wrong time or otherwise don't take drugs as directed, costing the health care system up to $290 billion annually, according to health research group NEHI. Researchers are developing electronic reminder systems, standards for clearer labels and different copay models in an effort to lower overall costs and increase compliance. Los Angeles Times/Kaiser Health News (2/15)
Experts Seek to Simplify Medication Labels That Often Confuse Patients
Kaiser Health News, Michelle Andrews, 02/15/2011
"Take two tablets by mouth twice daily." This printed instruction, common on prescription pill bottles, might seem straightforward. Yet in a study, nearly half of patients misunderstood what it or other common label instructions meant.

Health literacy affects compliance with drug regimens
A study in the Archives of Internal Medicine asked participants to consolidate a hypothetical drug regimen and found those with low health literacy had more difficulty organizing and following the medication instructions. Northwestern University researchers said standardized prescription instructions and better provider communication could help improve medication adherence. Medscape (free registration) (2/28)

Study: Fear of side effects leads to nonadherence in older patients
Many older patients decline to take medicines to prevent heart attack due to the risk of developing mild side effects, such as fatigue and nausea, Yale School of Medicine researchers found. "Our results show that these 'side effects,' more aptly considered as adverse events, are as important to older persons as the medication's benefits, and need to be considered important outcomes in their own right," said Dr. Terri Fried, the study's lead author. PharmaLive.com (3/1)

Medicaid patients like mobile reminders to take their meds
Medicaid beneficiaries with chronic hypertension were willing to receive and act on mobile phone reminders to take their medication, a small study found. Users reported high satisfaction with Vocol's Pill Phone and said it helped them keep better track of their prescriptions. "This pilot program had high acceptance, sustained use, patient satisfaction and retention rates in this high-risk population," said Dr. Samir Patel of George Washington University Medical Center, where the study was conducted. MobiHealthNews.com (2/9)

PRACTICE ISSUES:

Future of telehealth depends on collecting more research
Telehealth, or telemedicine, can improve care and reduce costs, but its future depends on federal regulators, providers, insurers and technicians developing a workable model and dealing with administrative issues such as reimbursement and credentialing, according to a report in HealthLeaders Media. Also, more research is needed on successful programs such as the Loyola University Medical Center program that uses a telemedicine cart in the pediatric ICU to improve patient safety and quality. HealthLeaders Media (2/13)

ED, primary care doctors need better teamwork, study finds
Emergency department physicians and primary care physicians often fail to effectively work as a team, which affects patient care, according to a report by the Center for Studying Health System Change. The study found problems included failure to send pertinent chart information during patient transfers, which could lead to a duplication of tests. Medscape (free registration) (2/25)
Better health is all in the game, experts say
Making a game of health care may be the key to getting people to commit to healthier behaviors and outcomes, write Leigh Householder and Ben Harben of GSW Worldwide. "The same mechanics that keep gamers glued to screens of all sizes can be translated to compelling tools for prevention, treatment management and more holistic care," they write. PharmaLive.com/Medad blog (2/9) (Even an asthma example)

Pneumonia rates in children have not improved, researchers say
Researchers reported in Pediatrics that there were 19 per 1,000 children with pneumonia at the beginning of the 1994-2007 period compared with 22 per 1,000 children at the end of the period despite the introduction of Pfizer's Prevnar vaccine, which is intended to fight one type of bacteria that causes the infection. The study also found doctors often prescribed broad-spectrum antibiotics for treatment even though penicillin and other targeted drugs are more effective. Reuters (2/16)

Hospitals improve discharge plans to lower readmissions
Hospitals are improving discharge programs to reduce patient readmissions, which could result in reduced Medicare payments beginning next year. Piedmont Hospital in Atlanta participates in Project Boost, a program that targets patients at high risk of readmission and addresses logistical and psychosocial problems before patients leave the hospital. The Washington Post/Kaiser Health News (2/22)

Michigan hospitals reduce VAP cases using checklist
Johns Hopkins researchers said certain Michigan hospitals had a more than 70% reduction in ventilator-associated pneumonia cases after their staff adopted "ventilator bundle" therapies that served as a checklist. All five items in the checklist reduced patients' time spent on ventilators. Nurse.com (2/17)

Study: COPD patients have a higher risk of shingles
The incidence of shingles among patients with chronic obstructive pulmonary disease was nearly double compared with the general population, according to a Taiwanese study in the Canadian Medical Association Journal. COPD patients taking an oral or inhaled corticosteroid had the greatest risk for shingles, researchers noted. HealthDay News (2/22)

CONFERENCES:
Comparative Effectiveness Research: Methodology, Translation and Policy
May 17th, 2011
9am-4pm
Optional Evening Reception from 4-5pm

The Ohio Union, The Ohio State University campus
1739 N. High Street
Columbus, OH 43210

Conference Objectives
1. Describe and discuss program development and future directions in CER
2. Review and illustrate applications of CER
3. Provide an overview of CER analytic and translational methods.
Target Audience:
Clinician researchers, fellows and health professionals interested in
Comparative Effectiveness Research.

Fee:
Early Registration fee: $25 (before April 1, 2011)
Registration fee: $50 (after April 1, 2011)
Student fee: $25

Keynote Speaker
Penny Mohr, MA
Vice President of Program Development, Center for Medical Technology Policy
For more information and registration instructions please see the brochure or
contact Meredith Cameron at mcameron@cph.osu.edu or 614-292-2291.

This conference is sponsored by the Center for Clinical and Translational Science at the Ohio State University.

Webinar: Racial Inequality - A Risk Factor for Health Disparities in Black Communities
Access the Webinar at: http://vimeo.com/20555792
This is a lecture by Dr. Kathy Sanders-Phillips, College of Medicine, Howard University
Accumulating evidence strongly suggests that exposure to racial discrimination, and the related economic adversity and social disadvantages, may be a chronic source of trauma in communities of color that negatively influences mental and physical health outcomes. These effects may be exacerbated for children of color who may be impacted by exposure to racial discrimination directly and indirectly via the negative influence of racial discrimination on parent and community support and functioning. Using a life-course framework and orientation developed by Braveman et al. (2009) and others, we will examine how exposure to racial discrimination in childhood can shape child and adult health, particularly the likelihood of chronic disease in adulthood. The implications of these findings for policies at all levels—federal, state, and local—to improve the living conditions of children as a strategy for reducing health disparities across the entire life course will be discussed.

Ohio Department of Health Asthma Program
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